

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

301 South Park, 4th Floor
PO Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2385 Fax: (406) 841-2305
Email: dlibsdspl@state.mt.us
Website: <http://www.discoveringmontana.com/dli/slp>

REQUIREMENTS AND APPLICATION INSTRUCTIONS

Incomplete applications will be returned with a statement regarding incomplete portions.
Once an application is complete, estimated time for issuance of permit or license is 5 – 7 days.

AUDIOLOGIST and/or SPEECH-LANGUAGE PATHOLOGIST LICENSE

Qualifications for Licensure: Applicants for licensure must:

- ✓ Meet the current academic, supervised clinical practicum, and post classroom sponsored employment requirements of the American speech and hearing association (ASHA); <http://professional.asha.org/>
- ✓ Pass the National Praxis Series Professional Assessments for Beginning Teachers examination in speech-language pathology and/or audiology; <http://www.teachingandlearning.org/licensure/praxis/>

Fees:

- ✓ \$50.00 Application fee
- ✓ \$50.00 License issuance fee
- ✓ \$50.00 Temporary permit fee

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- ✓ An official transcript(s) as evidence of completing academic requirements. (1)
- ✓ A complete training application form or an academic and clinical affidavit form, signifying that the training program meets current academic and clinical practicum requirements. (2)
- ✓ Evidence of completion of a minimum of 9 months of full time post graduate experience or its equivalent, as specified in the professional area for which licensure is sought. (Clinical experience year form). If you are currently applying for a Clinical Fellowship Year with ASHA, submit ASHA clinical fellowship forms to the Board. (3)
- ✓ An original or authenticated copy of the score earned on the national examination in Speech-Language Pathology and/or audiology. (4)
- ✓ Application and License fee in the amount of \$100.00. Make check or money order payable to the Board of Speech-Language Pathologists and Audiologists. All fees are non-refundable. Do not send cash.
- ✓ If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or jurisdictions.
- ✓ SPECIAL NOTE: Evidence of receipt of a Certificate of Clinical Competence from ASHA may be submitted for requirements (1,2,3, and 4 of the procedures) Evidence may be in the form of a legible photocopy of CCC plus a copy of current membership card.
<http://professional.asha.org/membership/membership.htm>
- ✓ **Jurisprudence examination**

- ✓ **Temporary Permit:** A temporary permit may be obtained by speech-language pathologist's and/ or audiologists who are in their clinical fellowship year or clinical practicum and/or who are waiting to take the national examination. The temporary permit expires 2 years after issuance. Applicants for a temporary permit shall submit the following:
 - ✓ Temporary permit fee of \$50.00. Make check or money order payable to the Board of Speech-Language Pathologists and Audiologists. All fees are non-refundable. Do not send cash.
 - ✓ A fully completed application for temporary permit, signed and notarized.
 - ✓ An official transcript(s) as evidence of completing academic requirements.
 - ✓ Clinical Experience Year Plan
 - ✓ Upon completion of the clinical experience year, the supervisor of the Temporary Permit must submit a Clinical Experience year Report to the board office.
 - ✓ Upon completion of exam, an original or authenticated copy of the score earned on the national examination in Speech-Language Pathology and/or audiology
 - ✓ **Jurisprudence Examination**

Speech-Language Pathology or Audiology Aide Registration: Aides must be supervised. Each licensed speech-language pathologist and audiologist shall annually, on or before October 31, register with the board, on forms provided by the board, all speech-language pathology aides and audiology aides working directly under the supervision of the licensee. Applicants, who are registering as an aide, must submit a fully completed and signed aide registration form.

The Aide Registration form must include the following:

- Aide registration fee of \$30.00. Make check or money order payable to the Board of Speech-Language Pathologists and Audiologists. All fees are non-refundable. Do not send cash.
- Signature of the applicant, the Montana licensed supervisor and the representative of the hiring agency.
- The supervisor is also required to fill out sections of the aide registration form.
- Aides must register annually.
- Registered aides are not a license type.

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

301 South Park, 4th Floor
PO BOX 200513
Helena Montana 59620-0513
Phone: (406) 841-2385, Fax: (406) 841-2343
Email: dlibsdsldp@state.mt.us

APPLICATION FOR LICENSURE AS: (please check one)

- ☐ **SPEECH -LANGUAGE PATHOLOGIST**
☐ **ACTIVE TEMPORARY (2-year license pending CFY and exam)**
- ☐ **AUDIOLOGIST**
☐ **ACTIVE TEMPORARY (2-year license pending CFY and exam)**

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. PRESENT EMPLOYER: _____

4. EMPLOYER'S ADDRESS _____
Street or PO Box # City & State Zip

5. HOME ADDRESS: _____
Street or PO Box # City & State Zip

PREFERRED MAILING ADDRESS: ☐ Home ☐ Employer E-MAIL ADDRESS: _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ Male ☐ Female

9. LICENSE NAME _____
(State your name as it should appear on the license if granted)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Have you ever been denied the right to take this profession's licensing exam in any state? If yes, attach a detailed explanation. ☐ YES ☐ NO

11. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach a detailed explanation. ☐ YES ☐ NO

12. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ YES ☐ NO

13. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ YES ☐ NO

14. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. ☐ YES ☐ NO
15. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ YES ☐ NO
16. Have you ever been charged with fraud, formally or informally, in any legal proceeding? If yes, attach a detailed explanation ☐ YES ☐ NO
17. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ YES ☐ NO
18. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ YES ☐ NO
19. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. ☐ YES ☐ NO
20. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ YES ☐ NO
21. Have you taken the PRAXIS Exam? (If yes please answer the following) ☐ YES ☐ NO

EXAM TYPE	RESULTS	DATES

NOTICE: SUBMIT COPY OF CERTIFICATE OF CLINICAL COMPETENCY CERTIFICATE (C's certificate).

22. Do you currently hold a license in another state as an SLP / AUD or temporary license? ☐ YES ☐ NO
If yes, provide the following information;

License Type	State	License Number	Date Issued	Current? Yes/No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

YOU MUST REQUEST A LICENSE VERIFICATION FROM STATES WHERE YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE.

23. EDUCATION:

List all colleges, universities, or course(s) that you have attended and/or completed. Temporary Permit applicants must include a copy of official transcript and diploma from the communication disorders educational program.

College \ University	Course	Date attended	# of Credits	
			Hours	Months

24. Experience: Provide all locations in which you have practiced in the last five (5) years.

Name of facility		
Address		City State
Dates: From	To	

Name of facility		
Address		City State
Dates: From	To	

Name of facility		
Address		City State
Dates: From	To	

Name of facility		
Address		City State
Dates: From	To	

Name of facility		
Address		City State
Dates: From	To	

APPLICANTS FOR FULL LICENSURE GO TO THE LAST PAGE FOR AFFIDAVIT

TEMPORARY PERMIT ADDITIONAL INFORMATION:

SIGNATURE OF LICENSED SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST WHO IS SUPERVISING

APPLICANT: _____ DATE: _____

CLINICAL EXPERIENCE YEAR PLAN

A. Identification:

1. Name _____
2. Mailing Address _____
3. Area of Licensure SPEECH PATHOLOGIST _____ AUDIOLOGY _____

B. Clinical experience Year Setting:

1. Name and place of CEY obtained _____
2. Beginning date of CEY _____ Ending date of CEY _____
3. Number of hours per week spend in Speech _____ Audiology _____

C. Clinical Experience Year Sponsor:

1. Name of CEY sponsor _____
2. Place of employment _____
3. CEY sponsor's Montana License # _____ Expiration Date _____

D. Clinical and Sponsor Responsibilities-

	Applicant Hours per month	Proposed evaluation time/month
1. Assessment, diagnosis/evaluation	_____	_____
2. Screening	_____	_____
3. Habilitation/Rehabilitation	_____	_____
4. Staff Meetings	_____	_____
5. In-service Training	_____	_____
6. Record keeping	_____	_____
7. Other, please specify	_____	_____

E. TO BE COMPLETED BY CEY APPLICANT:

I, the Clinical Experience Year Applicant, have discussed the above plan with my CEY Sponsor and agree to its implementation.

Applicant _____ Date _____

F. TO BE COMPLETED BY THE CLINICAL EXPERIENCE YEAR SPONSOR:

I, the Clinical Experience Year Sponsor, have discussed the above plan with the CEY applicant and accept responsibility for its' implementation.

Sponsor name and address _____ Date _____

ACADEMIC AND CLINICAL PRACTICUM AFFIDAVIT
BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
301 SOUTH PARK, PO BOX 200513 HELENA, MONTANA 59620

NAME _____

In lieu of completing the TRAINING APPLICATION FORM and the SUPERVISED CLINICAL PRACTICUM FORM, the following affidavit may be submitted to the Board:

I certify that I have completed the academic and clinical practicum requirements specified in this act which are equivalent to the current American Speech-Language-Hearing Association requirements for the Certificate of Clinical Competence. This was completed at _____ and this program was accredited by the
(Institution)

American Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) at the time I completed said requirements.

Signature of Applicant

Date

Signature of Program Director

Date

Institution

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS TRAINING APPLICATION FORM

NAME _____ Speech ____ Aud. ____ Both ____

FUNDAMENTAL AREA

- A. Courses providing Fundamental information applicable to normal development and use of speech, hearing and language. A minimum of 18 semester hours or 27 quarter hours required.

Institution	Course Number	Course Title	Completion Mont/Year	Credit Hours Sem/Quarter

Total _____

PROFESSIONAL AREA

- B. Course providing information about and training in the management of speech, hearing and language disorders and providing information supplementary to these fields. A minimum of 42 semester hours or 63 quarter hours required, of which a minimum of 30 hours of 45 quarter hours must be in courses acceptable toward a graduate degree at the college or university at which they were taken, whether you received graduate credit or not. (Note: Do not list more than 6 semester hours or 9 quarter hours in courses that provide academic credit for clinical practicum. Academic credit for clinically oriented thesis or dissertation may be acceptable, to a maximum of 3 semester hours or 5 quarter hours, in the area of speech pathology or audiology, in which you seek certification. Such credit, however, cannot be a part of the minimum of 24 semester hours in this area. An abstract of the thesis must be submitted with the application if such credit is requested.)

1. Professional course content in Speech Pathology. If applying for certification in Speech Pathology, a minimum of 24 semester hours or 36 quarter hours required in B-1, and a minimum of 6 semester hours or 9 quarter hours in B-2.

Institution	Course Number	Course Title	Completion Month/Year	Credit Hours Sem/Quarter

Total B-1 _____

(Check (X) courses acceptable for Graduate degree)

Training Application Form Continued

2. Professional course content in Audiology. If applying for certification in Audiology, a minimum of 24 semester Hours or 36-quarter hours required in B-2, and a minimum of 6 semester hours or 9 quarter hours in B-1.

Institution	Course Number	Course Title	Completion Month/Year	Credit Hours Sem/Quarter

Total B-2 _____

(Check (X) courses acceptable for graduate degree)

3. Courses providing information supplementary to the management of speech, hearing, and language disorders.

Institution	Course Number	Course Title	Completion Month/Year	Credit Hours Sem/Quarter

Total B-3 _____

(Check (X) courses acceptable for graduate degree)

MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS SUPERVISED CLINICAL PRACTICUM FORM

NAME _____

300 clock hours required of which a minimum of 150 must be at the graduate level. A minimum of 200 clock hours required in area (Speech or Audiology) in which you are applying. A minimum of 35 clock hours required in the other area. If applying in speech pathology a minimum of 50 clock hours required in evaluation of speech and language problems and a minimum of 25 clock hours each of experience in management of children and adults with disorders of articulation, voice and fluency. He must also have no less than 75 clock hours of employment in management of language disorders of children and adults.

SPEECH-LANGUAGE PATHOLOGY

ARTICULATION	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				

LANGUAGE	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				

RHYTHM	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				

VOICE	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				
TOTAL SPEECH				

AUDIOLOGY

Audiological Evaluation	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				

(Including hearing & evaluation)

Aural Rehabilitation	Total hours of client contact	Name of Supervisor	Supervisor Certificate	Location
A				
B				
C				

(including, auditory training, speech conversation, hearing & orientation)

TOTAL AUD	
------------------	--

Date on which Supervised Clinical Practicum was completed _____.
Hours at the Graduate level _____.

I certify that the information provided above is correct. Signature _____

**MONTANA BOARD OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS
CLINICAL EXPERIENCE YEAR REPORT**

1. Name of applicant _____
2. Mailing Address _____
3. Montana Probationary License Number _____
Expiration Date _____ Speech _____ Audiology _____
4. Name of Clinical Experience Year Sponsor _____
5. Name and place of CEY Experience _____

6. Beginning Date _____ Ending Date _____
7. Number of hours per week spent in Speech Path. _____ Audiology _____
8. Was the CEY plan implemented as submitted? Yes _____ No _____
If not, please explain _____

9. Note total number of direct observations _____ and average length _____
Total number of indirect contacts _____
10. Do you recommend that the applicant's Clinical Experience Year be approved by the Board of Speech-Language Pathologists and Audiologists? Yes _____ No _____

I have discussed this report with my CEY applicant.

Signature of Sponsor _____ Date _____

I have discussed this report with my CEY sponsor.

Signature of Applicant _____ Date _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____

MONTANA BOARD OF SPEECH PATHOLOGISTS AND AUDIOLOGISTS

**301 S. Park, 4th Floor
PO Box 200513
Helena MT 59620-0513
(406) 841-2385 FAX (406) 841-2305**

LICENSE VERIFICATION/HISTORY

CONTACT EACH BOARD PRIOR TO SENDING THIS FORM AS THERE MAY BE A FEE CHARGED

I, _____, am applying for a license to practice _____ in the State of Montana.

The Montana Board requires verification of licensure be provided by each jurisdiction in which I hold or have held a license. I hereby authorize and request you to release any information in your files, favorable or otherwise, directly to the Montana Board at the address above. Thank you for your earliest attention.

Applicant's Signature

STATE LICENSURE BOARD (Please provide the following information)

Name of Licensee: _____

License Number: _____ Date of Issuance: _____

Expires: _____ Is license current? ☐ Yes ☐ No

Licensed as _____ Licensed by _____

Has the applicant's license ever been suspended or revoked? ☐ Yes ☐ No

Are there any complaints and/or legal actions pending against this applicant? ☐ Yes ☐ No

If the answer for any of these questions is yes, please explain on the reverse side of this form.

Signature of Licensing Official

Title Dated

BOARD SEAL

Name of Licensure Board

Address

City/State/Zip

Montana Board of Speech-Language Pathologists & Audiologists Jurisprudence Exam

Please Print

NAME _____ Date _____

(last) (first) (initial)

ADDRESS _____
(STREET) (CITY) (ST) (Zip)

SIGNATURE _____

By signing on the above line, I verify that I am the person completing this exam.

A license is issued under Board rules and regulations (statutes), it is important for you to know what your responsibilities are and what your accountability is, once you are licensed. These questions are designed to help you find your way throughout the rules and regulations, governing the Board. The statutes are legislative mandates, the rules explain how to implement the statute.

This is an open book exam. A passing score of 19 out of 20 correct answers is required for a license in Speech Pathology or Audiology in the state of Montana.

____ 1. Which corresponds to the membership composition of the Board:

- | | | | |
|-----------------------|----------------------|--------------------|------------|
| (A) 2 audiologists | (B) 1 audiologist | (C) 1 professional | (D) 1 Aud |
| 2 speech pathologists | 1 speech pathologist | 3 consumers | 1 SLP |
| 1 consumer | 2 consumers | 1 physician | 1 consumer |

The Department statute 2-15-1849, MCA, describes the composition of the Board.

____ 2. To practice in the state of Montana, an individual must:

- | | |
|---|-----------------------|
| (A) meet the current academic, supervised clinical practicum
and postclassroom sponsored employment requirements of ASHA | (C) Equivalent to (A) |
| (B) Pass an examination approved by the board | (D) Pay a license fee |
| | (E) All of the above |

Licensure information is found in Board statute, 37-15-301 through 37-15-307, MCA.

____ 3. The purpose of a licensing Board is:

- (A) protect and support the professions of speech pathology
(B) protect the consumer through enforcement of rules governing the licensing, certification, registration and conduct of members of the professions of speech pathology and audiology.
(C) A & B

The Board exists to protect the consumer and not the professional or the professional organization. Review Board statute, 37-15-101, MCA.

____ 4. The Board is able to do the following:

- (A) has legal jurisdiction over other professions which has within their scope of practice aspects of speech pathology or audiology.
(B) has legal authority to revoke, suspend place a licensee on probation, reprimand or take other action deemed necessary as a matter of disciplinary action for violation of the law.
(C) may conduct hearings, adopt rules, make recommendations to the governor and prosecute individuals issue subpoenas, administer oaths and examine witnesses in instances where the law has been violated.
(D) All of the above.

The powers and duties of the Board are found in the Board statute, 37-15-202 and the Uniform statute, 37-1-312, MCA.

____ 5. Renewal of license:

- (A) There is a 30 day grace period for renewal of all licenses.
 - (B) A license that has not been renewed within one year is subject to review by the Board, and completion of examination plus \$100 fee for each month the license has lapsed.
 - (C) A professional is not allowed to practice the profession while the license has lapsed.
 - (D) A professional may be subject to fines of up to \$10,000 per day if practicing without a license.
- Refer to Board statute 37-15-308, MCA

____ 6. Why isn't the Board able to act on a complaint received by a Board member in person or over the phone?

- (A) A Board member individually has the authority to act on a complaint.
 - (B) A complaint must be in writing to the Board and filed on a complaint form.
 - (C) Some Board members are in a judgment capacity and their judgment may be influenced.
 - (D) A complaint must first go to the governors office before being referred to the Board.
- The Complaint Procedure is found in Board rule 24.222.2401

T or F for true or false to the following statements:

____ 7. Each licensed speech pathologist and audiologist must register with the Board all speech pathology or audiology aides working directly under their supervision by October 31 of each year. Aide information is found in Board rule 24.222.701 through 703

____ 8. 40 continuing education hours of which 25 hours must be through an approved sponsor program or course work must be accrued every other year and a dual licensee must have 50. Continuing Education requirements are found in Board rule 24.222.2102 through 2103.

____ 9. All audiologists or speech pathologists do not have to have a license in the state of Montana approved by the Board in order to practice the profession, unless a specific exemption applies. Refer to Board statute 37-15-301 (2)

____ 10. A person from another state may practice speech pathology or audiology in this state for up to 5 days without a Montana license as long as services are performed in cooperation with an existing speech pathology or audiology facility licensed in the state. Refer to Board statute 37-15-103(5)

____ 11. A person in training, working toward a master's degree, to be in the profession of speech pathology or audiology can supervise aides performing non-allowable functions. Refer to Board rule 24.222.701 (1)

____ 12. An individual volunteering or working for a speech pathology or audiology service does not have to have a license to provide services in speech pathology or audiology, as long as that individual is supervised by a licensed member of the profession. Refer to Board statute 37-15-301

____ 13. Individuals who have satisfied most of the requirements for licensure but fall short in one area can expect that the board will make an exception and grant a license in the state. Review the Licensure qualifications in Board statute 37-15-303

____ 14. The Board fees are found in Board statutes. Refer to Board rule 24.222.401

____ 15. A misleading advertisement to the public may be grounds for disciplinary action. Refer to the Unprofessional Conduct Rules 24.222.2301 and the Unprofessional Conduct statutes found in 37-1-316

_____16. Aide registration forms which indicate supervision of more than 3 aides is subject to a review by the Board. Refer to Aide rules found in 24.222.701 - 703

_____17. Continuing education is due every odd numbered year.
Refer to Continuing Education Rule 24.222.2102

18. Cite the administrative rule (number) for unprofessional conduct.

19. Cite the administrative rule (number) for supervisor responsibilities for speech-language and audiology aides

20. Cite the administrative rule (number) for sponsored and unsponsored CEU rules.
